

**LAW OFFICES
STAAS & HALSEY LLP**

Telephone
(202) 434-1500

1201 New York Avenue, N.W.
Suite 700
Washington, D.C. 20005

Facsimile
(202) 434-1501

FACSIMILE TRANSMISSION

June 7, 2005

TO: U.S. PATENT AND TRADEMARK OFFICE

ATTN: Examiner, Crystal J. Barnes

FAX NO.: 571-273-3679

TELEPHONE: 571-272-3679

FROM: John C. Garvey

RE: Filed Supplemental Amendment

YOUR REFERENCE: FFA-1683

OUR DOCKET: 392.1702

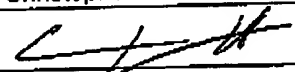
NO. OF PAGES (Including this Cover Sheet) 10

PRIVILEGED & CONFIDENTIAL

The information contained in this communication is confidential, may be attorney-client privileged, and is intended only for the use of the addressee(s). Unauthorized use, disclosure or copying is strictly prohibited. If there are any problems with this transmission, please contact us immediately.

COMMENTS:

S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	392.1702		
		Application Number	09/688,042		
		Filing Date	October 12, 2000		
		First Named Inventor	Atsushi WATANABE, et al.		
		Group Art Unit	2121		
AMOUNT ENCLOSED		0.00	Examiner Name	Crystal J. Barnes	
FEE CALCULATION (fees effective 12/03/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	13	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	7	- 7 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of _____, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160));					0.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					\$ 0.00
TOTAL FEES DUE =					
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment.					
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input checked="" type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name		Christopher P. Mitchell	Reg. No.	54,946	
Signature			Date	JUNE 7, 2005	

©2005 Staas & Halsey LLP